



## CITIBANK® MAINTENANCE FORM

### SECTION I

#### INSTRUCTIONS

- To change information for existing accounts:
  - Complete section II with the type of request. \*\*\*\*\*Fill in only the applicable fields to be updated.\*\*\*\*\*
  - Fill in the individual Corporate Card number: \_\_\_\_\_.
  - Fill in the cardholder's name as it appears on his/her Corporate Card: \_\_\_\_\_.
- Approved copy to be maintained in Program Coordinator's files.
- Fax completed form to 605-330-6801 or mail to Citibank® Commercial Card Services, P.O. Box 6125, Sioux Falls, SD 57117-6125.
- All changes to move a centrally billed account from one billing site to another will be made the next business day after the Agency's billing cycle.

### SECTION II (1)

#### TYPE OF CARDHOLDER MAINTENANCE REQUEST ("X" all applicable)

- |  |   |
|--|---|
| <input type="checkbox"/> A. Cardholder Information Change (Section III)      | <input type="checkbox"/> F. Cash Advance Limit Change (Section V)           |
| <input type="checkbox"/> B. Hierarchy Change (Section IV)                    | <input type="checkbox"/> G. Number of Transactions Limit Change (Section V) |
| <input type="checkbox"/> C. MCC/Blocking Change (Section V)                  | <input type="checkbox"/> H. Reopen Account                                  |
| <input type="checkbox"/> D. Dollars per Cycle Limit Change (Section V)       | <input type="checkbox"/> I. Account Closure                                 |
| <input type="checkbox"/> E. Dollars per Transaction Limit Change (Section V) |   |

Reason (Section VI): \_\_\_\_\_

Other Changes: \_\_\_\_\_

### SECTION III

#### CARDHOLDER INFORMATION (Please Print)

(2)

First Name of Cardholder \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name (maximum 24 characters total) \_\_\_\_\_

(3)

Agency/Organization Name (maximum 24 characters) \_\_\_\_\_

(4)

4<sup>th</sup> Line Embossing (maximum 20 characters) \_\_\_\_\_

(5)

Employee EPICS # or ID (maximum 9 characters) \_\_\_\_\_

(6)

Statement Billing Mailing Address Line 1 (maximum 36 characters) \_\_\_\_\_

(6)

Home Phone Number \_\_\_\_\_

(6)

Statement Billing Mailing Address Line 2 (maximum 36 characters) \_\_\_\_\_

(7)

Leave this section blank

(6)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(8)

Country \_\_\_\_\_

Leave this section blank

(8)

Business Phone Number \_\_\_\_\_

(8)

Leave this section blank

(8)

Leave this section blank

(9)

E-mail Address \_\_\_\_\_

(10) ( ) -

(10A)

(10B)

Fax Number \_\_\_\_\_

Agency Organization #(For WVA) \_\_\_\_\_

Agency Tax ID #(For WVA) \_\_\_\_\_

### SECTION IV

#### REPORTING PARAMETERS

- (11) Current Reporting Hierarchy: \_\_\_\_\_
- (12) New Reporting Hierarchy: \_\_\_\_\_
- (13) Processing Unit #: \_\_\_\_\_ (maximum 5 characters)

### SECTION V (14)

#### AUTHORIZATION PARAMETERS

New Dollars per Cycle Limit: \$ \_\_\_\_\_ Convenience Checks (Purchase): Y ☐ N ☐ 2 Books ☐ 6 Books ☐

New Dollars per Transaction Limit: \$ \_\_\_\_\_ If eligible for Convenience Checks, maximum payment amount equals: \$ \_\_\_\_\_

New Number of Transactions per: Cycle: \_\_\_\_\_ Day: \_\_\_\_\_ ATM Access: Y ☐ N ☐ Cash % \_\_\_\_\_

New MCC Template Name: \_\_\_\_\_

### SECTION VI

#### ACCOUNT CLOSURE INSTRUCTIONS

- PC needs to advise cardholders to destroy their card(s).
- PC needs to advise cardholders to destroy any unused convenience checks.
- PC needs to state the reason account is being closed (i.e., Resigned, Terminated, Deceased, Retired, Duplicate Acct, Closed by Agency, Transferred to other Agency, Other).

### SECTION VII

#### AGENCY/ORGANIZATION PROGRAM COORDINATOR SIGNATURE

- (15) Program Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_
- Program Coordinator's Name (printed) \_\_\_\_\_ Date \_\_\_\_\_
- (16) Program Coordinator's Business Phone Number ( ) - Fax ( ) -
- (17) WV SAO Purchase Card Administration Signature \_\_\_\_\_

Public Sector Maintenance Form \*With revisions, a new card will automatically be sent. You must call Customer Service to have card activated.  
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## GUIDE TO CITIBANK® CORPORATE MAINTENANCE FORM

Form used to update information regarding purchase or travel cards.

### Section I – Instructions

### Section II – Type of Maintenance Request

1. **Type of Request:** Select all maintenance updates that apply.

### Section III – Cardholder Information

2. **Cardholder Name:** Provide first name, middle initial and last name of cardholder (maximum 24 characters total).
3. **Agency/Organization Name:** Provide name of cardholder's Agency or Organization (maximum 24 characters).
4. **4<sup>th</sup> Line Embossing:** Indicate information to appear on the card (maximum 24 characters).
5. **Employee EPICS# or ID: State of West Virginia Employee EPICS# or ID (maximum 9 characters).**
6. **Statement Billing Mailing Address and Phone Number:** Address where card and statements will be mailed. Provide phone number of cardholder including area code.
7. **Leave this section blank.**
8. **Leave this section blank.**
9. **E-mail Address:** Provide complete e-mail address of cardholder.
10. **Fax Number:** Provide fax number of cardholder including area code.
- 10A. **Agency Organization #: Internal identifier for State of West Virginia.**
- 10B. **Agency Tax ID #: Internal information for State of West Virginia.**

### Section IV – Reporting Parameters

11. **Current Reporting Hierarchy:** Please indicate cardholder's current reporting hierarchy.
12. **New Reporting Hierarchy:** Provide cardholder's new reporting hierarchy, if different.
13. **Processing Unit #:** Provide cardholder's five-digit billing site number Corp ID #.

### Section V – Authorization Parameters

14. **Authorization Parameters:** Please complete all information requested regarding parameters of card/cardholder privileges.

### Section VI – Account Closure Instructions

### Section VII – Program Coordinator's Signature:

15. **Program Coordinator's Signature and Date:** Please provide authorized signature of program coordinator and date that the document was submitted.
16. **Program Coordinator's Business Phone Number and Fax Number:** Please provide program coordinator business phone and fax number including area code or country code.
17. **West Virginia SAO Card Administration signature required.**